

No. 2
5-42
17-39
X328

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28160

State File No.

FILED AUG 27 1946

Registration District No. 376

Primary Registration District No. 3059

Registrar's No. 253

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Boone Grove
(If outside city or town limits, write "RURAL," and name of township)
(c) Name of hospital or institution: Boone Grove Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois
(c) City or town Boone Grove
(If outside the city or town limits, write "RURAL.")
(d) Street No. 15 Branch
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME CLIFFORD JAMES WANN JR.

3. (b) If veteran name war WORLD WAR 2 3. (c) Social Security No. 497-160707

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 24 years

7. Birth date of deceased Dec. 30 1924
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
21 7 4 hr. min.

9. Birthplace Weyling Wisconsin
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER
12. Name Clifford James Wann Sr.
13. Birthplace Clarks Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Pearl Annie Bowler
15. Birthplace Weyling Wisconsin
(City, town, or county) (State or foreign country)

16. (a) Informant Clifford J Wann Sr.

(b) Address 15 Branch Boone Grove Mo

17. (a) Burial (b) Date there of Aug 7, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Boe Rees Mo

18. (a) Signature of funeral director Berham Ford Co

(b) Address 713 Berham Boone Grove Mo

19. (a) 8-14-46 (b) Ether Rudloff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 4th
year 1946 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from 19..... to 19.....

that I last saw him alive on 19.....

and that death occurred on the date and hour stated above

Immediate cause of death Crown Injury Verdict Duration
Unavoidable accident

Due to (Skull Fracture)

Due to

Other conditions.....
(Include pregnancy within 3 months)

Major findings:
Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence Aug 4, 1946

(c) Where did injury occur? Willingaster, Williamson Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Highway #32

(Specify type of place)
While at work? No (e) Means of injury Skull Fracture

23. Signature Paul J. Miller (M. D. or other) Crown

Address Farmington, MO Date signed 8/5/46

ADDITIONAL
SUPPLEMENTARY
INFORMATION
REQUESTED

PHYSICIAN
Underline
the cause to
which death
should be
charged sta-
tistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 4
District File Number 846-2529
Date Filed 8-26-46

OCT 9 1946

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed C. J. Claywell
Licensed Embalmer No. 3706
P. O. Address Corone Lane

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Sept
253

Registration District No.

316

Primary Registration District No.

3059

Registrar's No.

1. PLACE OF DEATH:

(a) County St Francois
(b) City or town Barnes Terre
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (years, months or days)

3. (a) PRINT FULL NAME

Clifford J. Wann Jr

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex m

5. Color or race w

6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____

7. Birth date of deceased Dec 30 1908
(Month) (Day) (Year)

8. AGE:

Years 21

Months

Days

If less than one day

hr. _____ min. _____

9. Birthplace _____
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Day _____ Year 1946 Hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____

What I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above. Immediate cause of death Coronary artery disease Duration _____

Removable defect

Due to automobile accident
No other object involved
Due to turned over on highway

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence aug 4, 1946

(c) Where did injury occur? Wilmington, Ste Anne Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Highway #32

While at work? no (Specify type of place) (e) Means of injury struck
Coroner

23. Signature Bert J Miller (M. D. or other) _____

Address Farmington, Mo Date signed 8/17/46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

26999

SUPPLEMENTARY

28160